

<input type="checkbox"/> SUMMONS FOR DEFENDANT <input checked="" type="checkbox"/> SUMMONS FOR WITNESS		DOCKET NUMBER <div style="background-color: black; width: 100px; height: 15px;"></div>		Trial Court of Massachusetts District Court Department	
SESSION: [SEVERITY CODE] NAME, ADDRESS AND ZIP CODE OF DEFENDANT Commonwealth vs. <div style="background-color: black; width: 150px; height: 15px; display: inline-block;"></div>				NAME AND ADDRESS OF COURT DIVISION Taunton Trial Court 40 Broadway Taunton, MA 02780	
NAME, ADDRESS AND ZIP CODE OF WITNESS KATE CORBETT, CHEMIST C/O STATE LAB INSTITUTE 305 south st boston, MA 02130				YOU MUST APPEAR AT THIS COURT ADDRESS ON THE DATE AND TIME SPECIFIED HEREIN	
				DATE AND TIME OF APPEARANCE Jury Trial February 8, 2012 at 08:30 AM	
				OFFENSE(S) CONSPIRACY TO VIOLATE DRUG LAW c94C §40, DRUG VIOLATION NEAR SCHOOL/PARK c94C §32J, DRUG, POSSESS TO DISTRIB CLASS A c94C §32(a), FIREARM USE IN FELONY, FIREARM WITHOUT FID CARD, POSSESS c269 §10(h) (2 counts) and HEROIN/MORPHINE/OPIUM, TRAFFICKING IN c94C §32E(c)	
<p>To the above named <input type="checkbox"/> Defendant <input checked="" type="checkbox"/> Witness:</p> <p>You are hereby ordered to appear in this Court on the appearance date noted above.</p> <p><input type="checkbox"/> To answer to a criminal complaint charging you with the offense(s) listed above.</p> <p><input checked="" type="checkbox"/> To give evidence and testify on behalf of the <input checked="" type="checkbox"/> Commonwealth <input type="checkbox"/> Defendant</p> <p>in the matter described above, and to appear from time to time and day to day thereafter as ordered. You are further required to bring with you:</p>					
WITNESS:		FIRST JUSTICE Hon. Kevan J. Cunningham		DATE OF ISSUE February 2, 2012	
				CLERK-MAGISTRATE 	
WARNING TO DEFENDANT OR WITNESS Failure to appear in accordance with this summons may result in the issuance of a warrant for your arrest. Please bring this document with you to court.					
ATENCION: Esta es una notificación oficial de la corte. Si usted no sabe leer inglés, obtenga traducción !					
DATE OF SERVICE		SIGNATURE OF PERSON MAKING SERVICE		TITLE OF PERSON MAKING SERVICE	

DC-CR-7 (1/84)